

Exhibit B

CONSENT TO JOIN WAGE CLAIM

NAME: Morgan Bleninger

1. I hereby give my consent to participate in a federal and Ohio wage lawsuit against EAST OHIO HOSPITAL, LLC DBA EAST OHIO REGIONAL HOSPITAL and/or to pursue my claims of unpaid wages during the time that I worked with the company.
2. I understand that this lawsuit is brought under the Fair Labor Standards Act (FLSA) and the Ohio Minimum Fair Wage Standards Act and consent to be bound by the Court's decision.
3. I designate Robert E. DeRose, Attorney at Law, the law firms and attorneys at Barkan Meizlish DeRose Cox, LLP and Gold, Khoury & Turak (collectively, "Attorneys") as my attorneys to prosecute my wage claims.
4. I intend to pursue my claim individually, unless and until the Court grants court supervised notice to be sent out to all employees entitled to notice of this lawsuit. I agree to serve as the Collective Representative, if asked by the Attorneys if the Court approves. If someone else serves as the Collective Representative, then I designate the Collective Representative(s) as my agents to make decisions on my behalf concerning the litigation including the decision to enter into arbitration, the method and manner of conducting the litigation, the entering of an agreement with the Plaintiffs' counsel concerning attorneys' fees and costs, and all other matters pertaining to this lawsuit.
5. I authorize the Attorneys to use this consent to file my claim in a separate lawsuit, class/collective action, or arbitration against the company.
6. I provide the Attorneys and their staff prior express consent to contact me via phone or text, including calls or texts made using an automated telephone dialing system and/or texting system, at any telephone number on which I can be reached.

Signature: Morgan Bleninger

Date: 4-1-25